Delay in MRI during medical radiation technologists' strike (07HDC05942, 26 June 2008)

Public hospital ~ District health board ~ Emergency department ~ Medical radiation technologist ~ MRI ~ Life-preserving service ~ Deterioration ~ Cerebellar bleed ~ Strike ~ Neurosurgery

A man was referred to the emergency department at a public hospital after a consultation at an after-hours medical service, as his speech was sluggish and he was unable to maintain his balance. At 4pm he was seen by a neurologist, who advised that he needed an MRI head scan. However, because the medical radiation technologists (MRTs) at the hospital were on strike, the neurologist suggested that he go to the local private hospital for the MRI. The day before the strike started, information had been sent to clinical staff about life-preserving services and the process for recourse to MRTs. The neurologist did not consider that the clinical situation fell within the criteria for life-preserving services.

The MRI equipment at the private hospital was out of action, and the man was admitted to the public hospital neurology ward for observation. The next morning his condition began to deteriorate, and at 3.40pm the neurologist was advised that there had been a significant deterioration in the man's condition. The neurologist assessed him, advised him of the need for an urgent MRI, and spoke to the chief medical officer in accordance with the process for requesting radiology services during the strike. An urgent MRI was performed and the report was issued at 6pm. It showed features consistent with an acute cerebellar bleed. At 7pm the man underwent urgent surgery to drain a cerebellar abscess, and was transferred to the intensive care unit for his postoperative recovery.

The public hospital had an obligation to ensure that it provided services in a manner that minimised the potential harm to patients, and to ensure that patients received well co-ordinated services during the MRT strike. A DHB's legal obligation to ensure that services of an appropriate standard are provided to patients is not suspended during a strike. However, a provider can only be expected to take "reasonable actions in the circumstances" prevailing at the time. On balance, in the exceptional circumstances of the strike, it was held that the hospital's response was reasonable, and that it did not breach the Code.

This case highlights the incontrovertible fact that patient safety is jeopardised during strikes by health professionals, despite contingency plans for the provision of life-preserving services.